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2019 MAY 13 PM 4:38

ALABAMA SECRETARY OF REVENUE

C. GOLDEN

MAY 24 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

CENTRAL FLORIDA MANAGEMENT GROUP LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IVELISSE AZNAR

\_\_\_\_\_  
Name of Person  
CENTRAL FLORIDA MANAGEMENT GROUP LLC

Firm/Company  
6735 CONROY-WINDERMERE ROAD, SUITE 410-A

	Address
ORLANDO, FL 32835	

City/State and Zip Code \_\_\_\_\_

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IVELISSE AZNAR                      407        668-8822  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

CENTRAL FLORIDA MANAGEMENT GROUP LLC

2019 MAY 13 PM 4:38

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/25/2014 and assigned  
Florida document number 114000133148

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

IVELISSE AZNAR

New Registered Office Address:

6735 CONROY-WINDERMERE ROAD, SUITE 410-A

*Enter Florida street address*

ORLANDO

*City*

Florida

32835

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
If Changing Registered Agent (Signature of New Registered Agent)

If attending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CARLOS AZNAR	6735 CONROY WINDERMERE RD, SUITE 410-A SUITE 410- ORLANDO, FL 32835	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		6735 CONROY WINDERMERE RD, SUITE 410-A	<input type="checkbox"/> Change
PRESO	IVELISSE AZNAR	ORLANDO, FL 32835	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

TRANSFER ON THE COMPANY OWNERSHIP FROM CARLOS AZNAR TO IVELISSE AZNAR WAS

EFFECTIVE ON OUR COMPANY MEETING HELD ON 12/4/2017. MINUTES OF THE MEETING ARE INCLUDED. PLEASE MAKE THE CHANGE EFFECTIVE JANUARY 1ST, 2018, AS AGREED ON THE MINUTES.

2/10/2019

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated FEBRUARY 10TH, 2019



Signature of a member or authorized representative of a member

IVELISSE AZNAR

Typed or printed name of signee